

# Official Leave Letter for Surgery Recovery

[Your Name]  
[Your Designation/Position or Class/Grade]  
[Department/Section, if applicable]  
[Company/School Name]  
[Date]

To,  
[Recipient's Name or "The Manager/Principal"]  
[Designation]  
[Company/School Name]

Subject: Application for Leave Due to Surgery and Recovery

Respected Sir/Madam,

I am writing to formally request a leave of absence from [start date] to [end date] due to a [type of surgery, e.g., appendectomy] that I am scheduled to undergo on [date of surgery]. My doctor has advised a recovery period of [number of days/weeks] to ensure proper healing and to avoid any health complications.

I have attached my medical certificate, which provides details about the surgery and the recommended duration of rest. I kindly request you to grant me official leave for the aforementioned period so I may focus on my recovery and return to work/school in good health.

Thank you for your understanding and support. Should you need any further information or documentation, please let me know.

Sincerely,  
[Your Full Name]  
[Your Contact Information]

## Attachment: Medical Certificate (Sample Format)

### Medical Certificate

This is to certify that **[Patient's Name]** has undergone/needs to undergo **[type of surgery]** on **[date]**.

It is advised that the above-named individual refrain from work/school from **[start date]** to **[end date]** for proper post-surgical recovery and to avoid health risks.

**Doctor's Name:** [Name]  
**Registration No.:** [Doctor's Registration Number]  
**Hospital/Clinic:** [Name]  
**Signature and Stamp**  
**Date:** [Date of Issue]